INVESTING IN A HEALTHY BOTTOM LINE

A Guide for Worksite Wellness
This Worksite Wellness Guide is a publication of:

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# TABLE OF CONTENTS

- Introduction .................................................. 2
- Frequently Asked Questions ............................. 3
- Getting Started ............................................... 5
- The Steps ....................................................... 6
- Appendix A: Assessment Checklist .................... 18
- Employee Survey ............................................. 30
- Appendix B: Program Resource Requirements ...... 36
- Nutrition ......................................................... 38
- Tobacco .......................................................... 41
- Stress and Mental Health ................................. 43
- Appendix C: Recommendation Table ................ 46
- Appendix D: Action Plan Worksheet .................. 47
- Appendix E: Disease-Specific Resources .......... 48
- Appendix F: Medical Self-Care ......................... 52
- Appendix G: Wellness at Home ......................... 53
- Appendix H: Sample Policies ............................ 56
- Appendix I: Return on Investment Resources ...... 57
- Appendix J: Selecting a Vendor ....................... 58
- Appendix K: Coordinator’s Guide ..................... 59
Some facts to consider:
* Rising health insurance costs are eroding the bottom line profits of Kentucky businesses.
* Kentucky is an unhealthy state, a national leader in smoking, obesity and cancer and heart disease deaths.
* Experts estimate that 25% to 70% of health care costs could be avoided by improving health and health-care consumerism.

And a conclusion:
* Since employees spend an average of eight hours a day (about 36 percent of their total waking hours) on the job, the worksite can be an important place for programs that improve the health and productivity of workers.

A worksite wellness program can help your business by helping your employees get healthy. And healthier employees:
* Have better overall fitness and are more mentally alert
* Have higher morale
* Reduce the number of days they miss work due to illness
* Live healthier, longer lives

“Rising health-care costs continue to be the No. 1 concern among businesses across the state. The business community can benefit greatly by using this toolkit to encourage employees to live healthier lifestyles. This will create a healthier workforce that will be more productive, and will improve employers’ bottom lines by reducing health-care costs.”

Dave Adkisson, CEO/President, Kentucky Chamber of Commerce

Worksite wellness refers to the education and activities that a company may offer to promote healthy lifestyles to employees and their families. Examples include health education classes, subsidized use of fitness facilities, policies that promote healthy behavior and other activities.

This toolkit provides the resources your company needs to start and maintain a cost-effective worksite wellness program - one that is customized to fit your particular needs.
Why should our company begin a worksite wellness program?

More and more research shows that it is in employers’ best economic interest to help employees improve their health. Absenteeism declines in workplaces with wellness programs. So does “presenteeism” – where employees are on the job but are less productive or effective because of health-related problems. In addition:

* Illness and injury associated with unhealthy lifestyles or modifiable risk factors are reported to account for 25% of employee health care expenditures (Anderson 2000).

* Medical costs attributed to obesity are estimated to be 36% higher annually than those for normal weight (Strum 2002).

What does a worksite wellness program cost?

This depends on the elements your company chooses to include in its program. A quality of life program geared mostly to boosting employee morale costs an estimated $45 per employee per year. At the other end of the scale, a comprehensive program that is oriented toward more specific results can cost from $150 to $450 per employee per year. Somewhere in the middle, the per-employee cost of a traditional program that includes some activities ranges from $45 to $150 a year. Staff time also should be taken into account.

Some low-cost components could be a good place to start a program, with a development plan to expand into areas that require more resources. This toolkit includes a list of activities that have low, medium and high resource needs to give you a quick look at what elements are best suited to your workplace.

Adult Kentucky workers with health risk factors

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>KENTUCKY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese: Body Mass Index (BMI &gt; 29.9)</td>
<td>28%</td>
</tr>
<tr>
<td>Overweight (BMI 25-29.9)</td>
<td>40%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.9%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>28.5%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>28.2%*</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>38.1%*</td>
</tr>
<tr>
<td>Lack of physical activity (exercise)</td>
<td>69.6%</td>
</tr>
<tr>
<td>Less than 5 daily servings of fruits or vegetables</td>
<td>83.2%*</td>
</tr>
</tbody>
</table>

*Source: Behavioral Risk Factor Surveillance System (BRFSS) 2006 *2005 data
What return on investment can we expect?
The payoff is in both quality of life and dollars. An effective worksite wellness program can raise awareness among employees and help them reduce the health-risk factors, such as smoking and obesity, that lead to conditions that are more costly to insure. National research over the last few years has concluded that the cost-benefit ratio for worksite wellness programs ranges from $3.48 to $6 for every $1 invested.

How do we determine our employees’ needs?
A worksite assessment is an important part of starting a wellness program. The toolkit’s assessment tool will let you determine the conditions in your working environment, and the sample employee survey will help you learn more from your employees.

How do we decide what elements or activities to include in a program?
Cost and your employees’ needs will be the key factors in making these decisions. This toolkit will help you establish priorities and develop a plan for creating and implementing a program that features your choices from a variety of options. To ensure success, it is important to choose elements where your company has the resources to do well.

How will we know if the program is working?
Regular evaluations are an important part of the process. It is helpful to include your evaluation plans in the early stages of your program development. This toolkit provides an overview of how to do them and a sample evaluation tool.

These online calculators can help you estimate the costs of health risks and the potential savings of reducing those risks.

* Wellsteps
  www.wellsteps.com

* Magellan Health Services Obesity Cost Calculator
  www.magellanassist.com/customer
An effective worksite wellness program is a process, best managed by taking one step at a time. The following steps are recommended before your team focuses its discussions on “What kinds of things should we do?”

1. **Gain commitment** from senior management, human resource managers, safety officers, staff members – everyone who has a stake in approving the program or making it a success.

2. **Create a wellness committee** involving a cross-section of employees from the various parts of your organization to help develop, implement and evaluate your wellness program.

3. **Assess your worksite needs.** Complete a worksite environmental assessment and conduct an employee interest survey to collect information on the topics that would be of most interest to staff. These tools can be found in Appendix A.

4. **Review possible programs, keeping your resources in mind, and decide where to focus your efforts.** An array of programming is possible, but what is best for your organization based on resources and needs? After that decision is made:
   a. Develop an action plan for implementing the program.
   b. Determine strategies for maintaining interest.

5. **Decide how you will evaluate your progress.** This may seem like a down-the-road need, but it is helpful to discuss this at the front end to ensure that the wellness program you implement lends itself to the type of evaluation you want.

“**What kinds of things should we do?**”
Expanding on the five steps to creating a successful program:

**Step 1: Gaining Management Support**

This is a critical step. Meet with management to explain the program and follow to be sure you understand their expectations. Management visibility and participation should be encouraged, as should communication from managers to employees about the importance of the wellness program.

Here are some quick answers for possible questions from management:

* Staff time will be needed. Larger organizations may spend 20 hours per week for three to six months preparing the launch of the worksite wellness program.

* Costs can fluctuate, as noted earlier. The Wellness Council of America estimates the annual cost per employee ranges from $100 to $150 for an effective program that produces a return on investment of $300 to $450. ROI is greater with more comprehensive programs.

**Step 2: Creating a Wellness Committee**

This group is responsible for promoting the program, planning activities, recruiting team leaders and conducting the evaluation. Its size will depend on the size of your company, but it should include staff representing various shifts and departments. Members of an existing wellness or health promotion committee or of other groups interested in taking on this role should become members of this committee. Its work will focus on recruitment, activities, events, rewards/incentives and evaluations.

A **coordinator** should be designated by the committee or by management. This is an important choice because the success of a program is often linked to the coordinator’s time and ability. If some of the coordinator’s time can’t be specifically dedicated to the wellness program, the company should consider outsourcing this work to a local health care organization, wellness vendor or other health-related organization such as a YMCA.

**Meetings should be held regularly** – at least quarterly and more often when activities are being planned or implemented. Regularly adding new members will revitalize the work, and it is important to maintain connections with management and report on successes.

Depending on the size of your organization, you may consider creating small teams that have leaders to help provide motivation, information and support to program participants. It is important that these leaders be creative, enthusiastic and committed to the program.

**Step 3: Assessing Your Worksite**

This process has three main parts:

1. An assessment of the worksite environment and policies
2. An employee survey or other means for employees to identify their needs and interests
3. Gathering existing data and information that can help determine the type of program needed

**Why do an assessment?** To identify your worksite’s strengths and areas that need to be improved. This will help the committee decide what to recommend to make the worksite more supportive of healthy behavior (such as providing healthy food choices in vending machines, encouraging walking during break times and creating no smoking policies). The initial assessment can also become a baseline for future measurements to determine the success of your wellness program. This works best if the assessment is repeated annually to regularly gauge what has changed.

A **small work group** – possibly a subset of your wellness committee – should conduct the assessment. Suggested participants include human resources, employees from various departments, administrators and supervisors.
You will find an assessment checklist in Appendix A and a form you can use to tally the results. If you want to tailor this checklist to your worksite, help is available from Teresa Lovely: 270-901-4756 or teresa.lovely@ky.chamber.com

Here is more information about the components included in the checklist:

* **Categories.** There are seven major categories, ranging from general worksite conditions to emergency response plans. Each category has several questions addressing what is now in place at your worksite.

* **Current Status.** This is where you can indicate that you have a particular component, don’t have it, or are in the process of putting it in place.

* **Potential Priorities.** This part of the checklist is to be completed after you have finished the assessment, surveyed employees and reviewed existing data. With all of that information in hand, you can determine whether you might want to focus on a particular area. Essentially, this serves as an initial screening component.

**Why conduct an employee survey?** To better understand your employees’ health habits and areas of interest. The survey can be tailored to your worksite and can be conducted with pencil and paper or electronically. (A computer-based survey eases the process of collecting and analyzing data; some free software is available, but it is important to be sure that the software has the features you want.) As with the worksite assessment, the survey results can be used as a baseline for future measurements.

Consider involving employees in focus groups or informal interviews to gather additional information. This process could take the place of a survey if resources are limited. Whatever the approach, making it easy to participate is key. Survey return rates will vary, depending on ease and interest, and using incentives to increase participation could give you more complete information about your employees. Participation rates above 30% are considered good while those exceeding 50% are excellent.

A sample survey for your use can be found in Appendix A. Other samples can be found at:

* **Healthy Workforce 2010: Essential Health Promotion Sourcebook for Employers, Large and Small** (pages 62-64)
* **Take Action CA Worksite Evaluation**
  www.takeactionca.com
* **www.mihealthtools.org/work/Sample_Employee_Survey.pdf**

One type of employee survey is known as a Health Risk Appraisal, or HRA. An HRA is an important foundational step for a successful wellness program.

An HRA is generally a brief questionnaire that summarizes key individual characteristics and information that can be used to determine an individual’s overall health risk status. Most experts agree that just completing an HRA will not change behavior. Rather, it should be followed by specific opportunities for improving health, such as those offered by worksite wellness programs.

HRA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HRA results are periodically available from the same respondents, can be a useful and powerful way to track the impact of workplace health promotion and wellness programs over time. For this reason, most experts in the field recommend that HRAs be the fundamental starting point in any workplace health promotion effort and serve as the primary measure of program impact and effectiveness.
The Steps

How do you choose an HRA?

* Set the goals and objectives of using the HRA (e.g. identify high-risk individuals and interventions to help them, improve the health of high-risk individuals, monitor health changes over time, evaluate the effectiveness of interventions over time).

* Decide the specific follow-up actions to be taken (i.e. programming).

* Determine whether or not you would like to process your own HRA.

* Create a short list of possible vendors and select a vendor.

What are the different types of HRAs?

* **Self-reported – individual focused.** Only self-reported lifestyle information is collected. This type of HRA generates a computer printout to an individual and is only as reliable as the information reported.

* **Self-reported and medical data – Individual and aggregate focused.** Self-reported lifestyle information and medical data are collected. This “comprehensive” HRA outputs individual health scores, aggregate data for employers and educational support materials. It allows individuals to see the cumulative effects of certain lifestyle risk factors. Biometric data include: cholesterol, blood pressure, percent body fat, BMI, blood sugar, resting heart rate, frame size, height and weight, carbon monoxide testing, prostate specific antigen.

Why look for existing information?

To save time and money. If your company has human resources or information technology staff, check with them on what data is already available. Your health insurer is also a good source for utilization data based on health claims and pharmacy purchases.

Existing data could include:

* Demographic information about your employees
* Absentee rates
* Workers compensation claims
* Health claims data
* Pharmaceutical use data

This information will help you learn about your employees’ major health issues, allowing you to better target those issues. It also will serve as baseline data for later evaluation purposes.

**Step 4: Reviewing Programs, Making Decisions**

**Reviewing Programs**

Completing the worksite assessment and employee survey and reviewing available data should give you a good sense of both the current environment and existing needs of your workplace.

Wellness programming can include many components and activities. In addition to the findings of the assessment process, available funding will dictate what elements are included in your program.

This toolkit includes detailed information, in Appendix B, on a number of program elements, including information on what level of resources would be required to implement and sustain them. An example of this is on the following page.
As a first step, it is important to choose the overall type of program your company wants to begin.

**Quality of Life Program** If you are new to wellness or if your organization has 50 or fewer employees, you may want to begin with this model. This type of program is geared more toward raising awareness of health issues and uses a whole-group approach. Low-cost incentives are offered for various group activities designed to boost morale. If you are uncertain about employee reaction or have limited options to follow through with broader programs, this type of program will work best. The investment is typically less than $25 per employee per year; the rate of return is low: approximately $1 for every $3 invested.

**Traditional Program** This model works well for medium-sized organizations or for those that have had a wellness program for two to 10 years. This education and knowledge-building model works well if you have some corporate direction. It can involve spouses and offer incentives. This model offers group and some individual health risk reduction programming and works well if your employees are receptive to a program. If you have limited follow-through capability and resources this may be your best option. Investment is usually about $90 per employee per year with a return on a $1 investment of $1 to $3.

**Comprehensive Program** For larger organizations where return on investment is a high priority or a mature wellness program is in place, this type of program design is critical. You must be prepared to educate your employees on individual health risks and have the resources to provide strong follow-through. There must be strong corporate direction for this behavior-oriented program that involves heavy testing, most spouses, high participation and strong incentives. Investment is about $240 per employee per year with a return on investment of $1 to $6 or higher.

It is important to know the anticipated costs of particular program elements before committing to a certain design. The following example illustrates the level of resources that would be required for different worksite wellness efforts focusing on physical activity. More complete information on the resource requirements for different strategies can be found in Appendix B.

**Reading this chart:**

The chart is organized by resource level, indicating whether a particular program element will be relatively inexpensive or costly. In addition, it indicates whether action will be required at the individual, organizational, or policy level.

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### TABLE KEY

| I = Individual Level | E/O = Environmental/Organizational Level | P = Policy Level |

### Increasing Physical Activity by Employees

#### LOW RESOURCES

1. Offer flexible work hours to allow for physical activity during the day.
2. Support physical activity breaks during the workday, such as stretching or walking.
3. Map out on-site trails or nearby walking routes.

#### MEDIUM RESOURCES

1. Provide shower and/or changing facilities on site.
2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.

#### HIGH RESOURCES

1. Provide an on-site exercise facility.*

*Additional resources: [http://www.colorado.gov](http://www.colorado.gov) (Search: Worksites of Colorado)
Making Decisions
Your analyses and reviews complete, it is time to make some decisions and focus your efforts. A wellness program can include such components as health screenings and assessments, educational programs, group activities, changes in the workplace surroundings and changes in company policy.

The assessment process outlined earlier should help you decide where to focus your energy and efforts. Here is a suggested approach to making those decisions:

* Review your worksite assessment checklist to identify gaps and potential priority areas to address.
* Review the employee survey results to see if that changes your priority list.
* Review the existing data, and use that as additional background for making your decision.
* Determine potential costs and return on investment.

As particular activities are considered, the following questions can help guide your decision-making.

* How important is this activity?
* How much will it cost to implement?
* How much time and effort will be needed?
* How many employees may be affected?
* How well does the activity match employees’ interests and other relevant data?

Tabulating the answers to those questions can be helpful in guiding you toward a specific set of activities. The following table offers an example of how this can be accomplished. (A blank table can be found in Appendix C.)

### RECOMMENDATION TABLE - SAMPLE

**INSTRUCTIONS:** Rate each of the recommendations identified in the Worksite Wellness Assessment on the following aspects: importance, cost, time and commitment. Rate each on a scale of 1-5 (low-high) using the chart below. Higher scores should indicate priority items to implement.

<table>
<thead>
<tr>
<th>Importance</th>
<th>How important is the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not at all important</td>
<td>3 = Somewhat important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>How expensive would it be to plan and implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very expensive</td>
<td>3 = Moderately expensive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>How much time and effort would be needed to implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Extensive time &amp; effort</td>
<td>3 = Moderate time &amp; effort</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment</th>
<th>How enthusiastic would employees be about implementing the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not enthusiastic</td>
<td>3 = Moderately enthusiastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reach</th>
<th>How many employees will likely be affected by this recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very few employees</td>
<td>3 = Some employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Reach</th>
<th>Points/Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Create policy for use of break &amp; lunchtime to be active</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>23</td>
<td>Install bike racks to encourage biking to work</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>27</td>
<td>Provide an on-site exercise facility</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>42</td>
<td>Make microwaves available to heat meals</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>57</td>
<td>Policy to prohibit smoking on property</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>23</td>
</tr>
</tbody>
</table>
A comment on program choices. All components have merit, but it is crucial to change the workplace environment and company policies. Policies create opportunities for widespread behavioral change among employees. And environmental changes, both physical and cultural, give employees options to adopt healthier habits. The following diagram illustrates why these changes are so important.

As the diagram illustrates, interventions targeting individual behavior require a great deal of resources and affect only one person at a time. Policy and higher level interventions targeting organizations have a much greater potential impact. Although your wellness strategies should address as many levels as possible, it is important to focus on areas with the greatest potential benefit.

Be realistic! It is a good idea to limit your initial set of activities to allow you to focus your efforts and experience some early successes. It is always possible expand a program as it matures, but a realistic set of objectives at the beginning will require fewer resources and help you avoid being overwhelmed.
Developing An Action Plan

Your priorities in place, the next step is an action plan to implement your program. This plan should include:

* Your goals and objectives
* Specific recommendations on strategies to implement. These should be stated clearly and be measurable to ensure a meaningful evaluation.
* The activities that will be included
* The staff, resources and materials needed to implement the program
* The timeline for completion
* An evaluation plan

The action plan can also be used for a presentation to management to obtain their support for specific strategies and activities you plan to implement.

The following sample worksheet can help guide your work. A blank worksheet can be found in Appendix D.

### ACTION PLAN WORKSHEET - SAMPLE

<table>
<thead>
<tr>
<th>Recommendations: Strategies to Implement</th>
<th>Activities</th>
<th>Materials, Resources &amp; Personnel</th>
<th>Time Frame</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide incentive based programs to encourage activity (i.e. pedometer walking campaigns).</td>
<td>Walking “Challenge”</td>
<td>Walking teams, team captains pedometers, recording sheets</td>
<td>3 months May- July</td>
<td>Pre/post survey of activity levels</td>
</tr>
<tr>
<td>2. Offer appealing, low-cost, healthful worksite food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars and break rooms.</td>
<td>Inventory current options Increase healthy vending options</td>
<td>Mary Smith</td>
<td>4 months Jan - April</td>
<td>Count of healthy food options before and after the initiative</td>
</tr>
<tr>
<td>1. Support physical activity during duty time (flex-time)</td>
<td>Draft and implement company policy on time for activity</td>
<td>Wellness committee and staff input Management sign-off</td>
<td>1 month January</td>
<td>Policy in place. Could also be a question as part of an annual survey</td>
</tr>
</tbody>
</table>

*(A blank Action Plan can be found in Appendix D)*
Marketing & Implementation

Logo and tag line
It is important to create a logo and tag line for your wellness program to give it identity and to use as a marketing tool. The logo should be placed on all program materials and communications. Creating a logo and tag line is a great activity for the wellness committee. Most organizations ask for employee input into the logo through such avenues as a “name the program” contest.

Communication is Key
Regardless of what programming you choose to do, communication is essential to making your program successful. Any employees experienced in communications and marketing should be consulted and recruited for the wellness committee.

There are many ways to get the word out:
* Put information in the company newsletter
* Announce the program through a company-wide e-mail
* Announce program information at staff meetings
* Place informational posters in hallways or common areas
* Include information in payroll envelopes
* Organize a kick-off event

Maintaining Interest
People vary greatly in their readiness to change behavior. Knowing this can help you plan activities and communications strategies to maintain interest in your wellness programs. Research shows that most people go through five stages in changing behavior:

* Pre-contemplation – At this stage they are not thinking about changing their behavior in the near future.
* Contemplation – They are beginning to seriously think about changing their behavior in the near future (next six months).
* Preparation - At this stage most people have tried to change their behavior at least once in the past year, and they are thinking about trying again within the next month.
* Action - Real steps are being actively taken to change their behavior. This is the stage where a slip is most likely to occur.
* Maintenance - This stage applies to people who have changed their behavior for over six months and are now maintaining that healthy behavior.

People can move from one stage to another in order, but they can also move back and forth between the various stages before they adopt a behavior for good. Again, a slip is not a failure, but an important part of the learning and behavior change process. Most people may attempt healthy behavior change several times before they succeed and the chance of success increases every time.

Another way to focus on maintaining interest is to package your activities wherever possible to let them build off of each other. By providing the right mix of programs, you can get a multiplier effect that is greater than the individual activities added up. Packaging related strategies will lead to greater participation and long-term success. For instance, having a policy that encourages physical activity on break time, coupled with using pedometers as incentives and then providing maps or on-site trails to get staff out walking, will lead to greater success.

Once you start a program you will have a range of employee participants. Some will already be very engaged in being active, eating well and doing stress management, and your program will only reinforce and enhance their health. On the other end of the spectrum will be people who may not engage no matter what you do. The remaining group is probably the largest group in most organizations: people who are at various stages of readiness to improve their health given the right type of programming and motivation. Some tips you may want to employ once your program is up and running are on the following page.
Key Factors
Many key factors influence people’s health behaviors. Consider the following:

* **TIME.** People are busy, so the more you can work activity and healthy eating into their existing schedules, the better your chances for success. Example: A walk at lunch doesn’t take away from existing time, it just uses it differently. Also look at the time of day and length of any activity you might be promoting, since both time components may be factors.

* **ACCESS.** How accessible is your programming? Is it on site or at a nearby site? Do you offer access at breaks or outside of normal work hours?

* **KNOWLEDGE.** People need to understand the benefits of participating and how they can get involved.

* **COST.** Being able to provide programs at no or reduced cost will help participation rates. If coupled with incentives, this could increase participation dramatically.

* **INCENTIVES.** Some people need incentives to get started in a wellness program. A full list of incentive options can be found below.

Key Times for Maintaining Interest
Good habits are often difficult to develop, and there are critical times when people stop a fitness or healthy eating program. The first occurs at around **six weeks.** If people can begin and remain with a program through that time, they have made a fairly serious commitment to changing their lifestyle habits. The second key time occurs at about **six months.** Those who made it past six weeks may get bored and/or distracted from their program after several months. If people can get past six months and sustain behavior through a change of seasons, they have a very good chance of making the changes permanent.

Being mindful of these time considerations can help you develop ways to help sustain your employees’ participation.

Goal Setting
Setting goals leads to better participation and stronger individual commitments. Whether it is a team goal of walking the equivalent of once around Kentucky or an individual goal of consuming so many miles or minutes of activity, having something concrete to shoot for increases the likelihood that people will stick with the program. An example of a simple goal setting form can be found at www.americanheart.org (Search: My Activity Goals)

Incentives for Participation

* **Achievement awards.** Verbal praise and a pat on the back are motivational to some, but a token of recognition of achievement may offer more. A colorful certificate to congratulate an employee for achieving a health-related goal is one example.

* **Public recognition.** Recognize participants at campaign mid-point or wrap-up festivities.

* **Food.** Include some healthy foods to kick off, revitalize or wrap up a wellness campaign.

* **Entertainment.** Events serve a purpose in jump-starting, re-energizing or wrapping up a campaign. Having entertainment of any kind can boost morale.

* **Merchandise.** There is a long list of merchandise incentives, including sports equipment and small gift certificates to use at local merchants.

* **Monetary rewards.** Nothing says incentive better than cash. Worksites that have used cash or rebates as an incentive have shown much higher participation rates.

* **Time off.** Maybe the next best incentive to cash, or for some people even better. This type of incentive makes good business sense if the number of absences drops significantly and attendance is used as one of the criteria.
Buddy Systems or Team Goals
The social aspects of improving one’s health cannot be underestimated. Many studies point to tight social groups being the backbone for a successful campaign because each individual has a commitment to something bigger than him/herself. It’s also just more fun for most people. Building your program around some type of teams or partners could boost participation.

Team “Campaigns”
Some people like competition and others don’t. Nevertheless, a worksite-wide campaign has the advantage of keeping the message more visible and alive. Encourage campaign participation, but make it voluntary so that those who prefer that type of motivation can join while others can participate in their own way and at their own pace. If the idea of a campaign seems like too much work, consider tapping into existing campaigns where someone else provides resources for you. Get Healthy Kentucky is one place where employee teams can be enrolled. More information is available at: www.gethealthyky.gov.

A special consideration for campaigns is whether you do one annual campaign of several months’ length or several shorter campaigns of four to six weeks each. Both have advantages, but the multiple, shorter campaigns offer the following benefits:

* Keep programming fresh  
* Target different health habits  
* Keep people interested and motivated  
* Recruit participants more often as new health habits are targeted over the course of the year

Step 5: Evaluating the Program
As noted at the beginning of this toolkit, planning for evaluation should be one of the early steps of developing your program. Annual workplace assessments and employee surveys can provide evaluation information for gauging progress areas needing attention. A sample evaluation tool is on page 17.

Types of Evaluation
You can measure process and you can measure outcome (or impact). Both are important and should be used. Process indicators will be easier to measure and will give you quicker feedback on how well your program is being accepted by employees. Examples of process measures are:

* Number of staff enrolled and participating (participation rates)  
* Web site hits  
* Observation or counts (for example, the number of employees walking at noon)  
* Participant satisfaction (via survey, focus groups, interviews, etc.)  
* Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at one year, two years, etc.)
Outcome evaluation can be more difficult and takes longer to show up in your data. Examples of outcome measures are:

* Pre/post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign
* Quizzes
* Physical activity and diet log sheets
* Vending items being chosen (arrange with vendor to track selections/sales)
* Cafeteria menu options

* Health indicators/reduced risk factors – Compare company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.
* Corporate costs and return on investment – The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then set a baseline figure to compare against later.
### Sample Evaluation Tool & Measure

#### SAMPLE PROCESS OBJECTIVES

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff enrolled and participating (participation rates).</td>
<td>200</td>
<td>220</td>
<td>▲10%</td>
</tr>
<tr>
<td>Company wellness web site hits</td>
<td>10,620</td>
<td>22,000</td>
<td>▲107%</td>
</tr>
<tr>
<td>Observation or counts (e.g. Track number walking at noon)</td>
<td>60</td>
<td>75</td>
<td>▲25%</td>
</tr>
<tr>
<td>Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)</td>
<td>72%</td>
<td>80%</td>
<td>▲8%</td>
</tr>
<tr>
<td>Policy or environmental changes/tracking (Use Worksite Wellness Assessment Checklist and compare list of policy or environmental changes from initial site assessment with later follow-up at 1 year, 2 years, etc.)</td>
<td>10 in place</td>
<td>15 in place</td>
<td>▲50%</td>
</tr>
</tbody>
</table>

#### SAMPLE OUTCOME OBJECTIVES

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre/post test surveys - Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign.</td>
<td>Ave. score =65</td>
<td>Ave. score =80</td>
<td>▲15%</td>
</tr>
<tr>
<td>Quizzes - test of knowledge on various topics</td>
<td>78%</td>
<td>85%</td>
<td>▲7%</td>
</tr>
<tr>
<td>Vending items being chosen (arrange with vendor to track selections)</td>
<td>25% Healthy choice</td>
<td>35% Healthy choice</td>
<td>▲10%</td>
</tr>
<tr>
<td>Cafeteria menu options</td>
<td>35% Healthy choice</td>
<td>40% Healthy choice</td>
<td>▲5%</td>
</tr>
<tr>
<td>Health Indicators / reduced risk factors – Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, etc. before and after a specified program or campaign.</td>
<td>BP =140/100 Chol = 225 BMI = 30%</td>
<td>BP = 130/90 Chol = 212 BMI = 29%</td>
<td>▲BP ▲Chol ▲BMI</td>
</tr>
<tr>
<td>Corporate costs and return on investment. The expense side can be fairly easy to quantify. For savings, work with your human resources and benefits contacts to determine what can be measured and then setting a “baseline” figure to compare against later.</td>
<td>Sick days =662 Health Care Claims = $864,000</td>
<td>Sick days = 604 Health Care Claims = $789,000</td>
<td>▲9% ▲58 days ▲9% ▲$75,000</td>
</tr>
</tbody>
</table>

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### Appendix A: Assessment Checklist

<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you have a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.?</td>
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<tr>
<td>2</td>
<td>Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness programs?</td>
<td></td>
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<tr>
<td>3</td>
<td>Does the worksite have a worksite wellness plan that addresses the purpose, nature, duration, resources required, participants involved, and expected results of a worksite wellness program?</td>
<td></td>
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<tr>
<td>4</td>
<td>Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program?</td>
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<td></td>
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<tr>
<td>5</td>
<td>Does the worksite have at least part-time dedicated staff time to implement a wellness program?</td>
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<tr>
<td>6</td>
<td>Is there a worksite budget for employee health promotion that includes some funds for programming?</td>
<td></td>
<td></td>
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</tbody>
</table>

**Infrastructure area totals**

(# of Yes, In Process and No items)
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Does the worksite offer educational programs for health areas such as physical activity, nutrition, breastfeeding, stress management and tobacco cessation?</td>
<td></td>
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<tr>
<td>8</td>
<td>Does the worksite promote and encourage employee participation in its physical activity/fitness, nutrition education/weight management and stress management programs?</td>
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<td></td>
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<tr>
<td></td>
<td>Examples of ways to “promote and encourage employee participation” include:</td>
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<tr>
<td></td>
<td>* Information at new employee orientation</td>
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<tr>
<td></td>
<td>* Information on programs provided within paychecks or e-mail</td>
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<tr>
<td></td>
<td>* Flyers on the wall, bulletin boards or resource tables</td>
<td></td>
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<tr>
<td></td>
<td>* Letters mailed directly to employees</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>* Announcements at employee meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Employee newsletter articles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>* Incentive/reward programs</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>* Public recognition</td>
<td></td>
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<tr>
<td></td>
<td>* Health insurance discounts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>* Sponsor employee sports teams</td>
<td></td>
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<tr>
<td>9</td>
<td>Does the worksite provide or arrange for health counseling, employee assistance programs or other support mechanisms to modify behavior?</td>
<td></td>
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</tbody>
</table>
## PROGRAM COMPONENTS

### 10. Does the worksite provide incentives to encourage participation in worksite wellness activities? Examples would include:
- Small merchandise (i.e. water bottles, pedometers)
- Gift certificates
- Monetary awards
- Health insurance rebates or discounts

### 11. Does the worksite offer or provide health care coverage for employees and their families for screening, prevention of and rehabilitation of chronic disease?

### 12. Does the worksite offer wellness programming to family members of employees?

### 13. Does the worksite provide on-site child care to facilitate participation in wellness programs and activities?

### Component area totals (# of Yes, In Process and No items)

## HEALTH SCREENING AND MANAGEMENT

### 14. Does the worksite offer health risk appraisals on a regular basis (at least every other year)?
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>HEALTH SCREENING AND MANAGEMENT</strong></td>
<td></td>
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<tr>
<td>15</td>
<td>Does the worksite offer or provide easy access to free or reasonably priced health screenings (height and weight measurements, blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16</td>
<td>Does the worksite use health risk appraisals and other screenings as a tool for planning its wellness program?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Screening area totals (# of Yes, In Process and No items)</strong></td>
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<td></td>
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<tr>
<td><strong>PHYSICAL ACTIVITY</strong></td>
<td></td>
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<tr>
<td>17</td>
<td>Does the worksite support physical activity during duty time (flex-time)?</td>
<td></td>
<td></td>
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<tr>
<td>18</td>
<td>Are employees provided with breaks during working hours and are employees encouraged to be active during break time?</td>
<td></td>
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<tr>
<td>19</td>
<td>Does the worksite allow for “walk &amp; talk” meetings instead of conference room meetings to encourage smaller amounts of activity?</td>
<td></td>
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<tr>
<td>20</td>
<td>Can all employees use the worksite’s indoor/outdoor physical activity facilities outside of work hours?</td>
<td></td>
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<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
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<tr>
<td>21</td>
<td>Does the worksite provide free, discounted or employer subsidized memberships to fitness centers?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>Does the worksite map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work?</td>
<td></td>
<td></td>
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<tr>
<td>23</td>
<td>Does the worksite provide bike racks in safe and convenient locations?</td>
<td></td>
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<tr>
<td>24</td>
<td>Does the worksite provide prompts to promote physical activity near each stairwell or elevator and other key locations?</td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td>Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Does the worksite provide showers and/or changing facilities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>Does the worksite provide an on-site exercise facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Does the worksite provide or contract for fitness assessments such as cardiovascular fitness, % body fat, strength tests, etc.?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**PHYSICAL ACTIVITY**
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
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<td><strong>PHYSICAL ACTIVITY</strong></td>
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</tr>
<tr>
<td>29</td>
<td>Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Does the worksite provide on-site physical activity classes such as aerobics, kick-boxing, dancing, yoga, etc.?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Does the worksite hold long-term (several weeks) physical activity campaigns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activity area totals (# of Yes, In Process and No items)</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| 32 | Does the worksite promote healthy choices by modifying vending contracts to:  
* Increase the percent of healthy options that are available  
* Use competitive pricing to make healthier choices more economical                                                                                                                                                                                                                 |     |            |    |                    |          |
<p>| 33 | Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?                                                                                                                                                                                                     |     |            |    |                    |          |
| 34 | Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?                                                                                                                                                                                                                                       |     |            |    |                    |          |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Does the worksite advertise or mark healthy options so that they stand out and limit advertising of less nutritious foods?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Does the worksite provide nutritional labeling of foods?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Does the worksite provide appropriate portion sizes or options for smaller portion sizes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through motivational signs, posters, etc.?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>39</td>
<td>Does the worksite make water available and promote drinking water throughout the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Does the worksite offer healthful food alternatives at meetings, company functions and health events?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Does the worksite provide on-site gardening?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and cooking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Does the worksite offer local fruits and vegetables at the worksite (i.e. farmer’s market or a community-supported agriculture drop-off point)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
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</tr>
<tr>
<td>44</td>
<td>Does the worksite offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, whole grains, lean meats and low-fat dairy products in vending machines and snack bars and break rooms?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>45</td>
<td>Does the worksite provide interactive food opportunities such as taste testing and food preparation?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>46</td>
<td>Does the worksite provide opportunities for peer-to-peer modeling of healthy eating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>47</td>
<td>Does the worksite have activities or long term (several week) campaigns that focus on healthy eating and weight management?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Does the worksite provide an appropriate place for breastfeeding/pumping (mothers’ room)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Does the worksite provide refrigerated space for breast milk storage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>50</td>
<td>Does the worksite provide flex time opportunities for breastfeeding employees to pump or breastfeed during the work day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Does the worksite insurance cover lactation visits and breast pumps?</td>
<td></td>
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<td></td>
<td><strong>Nutrition area totals (# of Yes, In Process and No items)</strong></td>
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<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
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<tr>
<td>52</td>
<td>Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health?</td>
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<tr>
<td>53</td>
<td>Does the worksite train supervisors to understand mental health issues and better assist employees?</td>
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<tr>
<td>54</td>
<td>Does the worksite insurance coverage include mental health as part of the employee benefits?</td>
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<tr>
<td>55</td>
<td>Does the worksite provide or contract for an Employee Assistance Program?</td>
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<tr>
<td>56</td>
<td>Does the worksite provide stress reduction through “quiet rooms,” relaxation classes and proper lighting and sound reduction measures?</td>
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**Mental Health area totals (# of Yes, In Process and No items)**

<table>
<thead>
<tr>
<th></th>
<th>TOBACCO USE</th>
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</thead>
<tbody>
<tr>
<td>57</td>
<td>Does the worksite policy prohibit tobacco use anywhere on the property?</td>
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<tr>
<td>58</td>
<td>Does the worksite promote the Kentucky Tobacco Quit Line (800-QUIT-NOW)?</td>
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<tr>
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<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
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<td></td>
<td><strong>TOBACCO USE</strong></td>
<td></td>
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<tr>
<td>59</td>
<td>Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)?</td>
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<tr>
<td>60</td>
<td>Does the worksite provide cessation medications through health insurance?</td>
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<tr>
<td>61</td>
<td>Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan?</td>
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<td></td>
<td><strong>Tobacco area totals (# of Yes, In Process and No items)</strong></td>
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<td></td>
<td><strong>EMERGENCY MEDICAL RESPONSE PLAN</strong></td>
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<tr>
<td>62</td>
<td>Does the worksite have a written plan for emergency response to medical events at their facility?</td>
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<tr>
<td>63</td>
<td>Does the worksite provide emergency training in cardiopulmonary resuscitation (CPR) and/or automated external defibrillators (AEDs) for response to cardiac events in the facility?</td>
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<tr>
<td>64</td>
<td>Does the worksite have trained medical responders or equipment such as a defibrillator on site?</td>
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<td></td>
<td><strong>Response area totals (# of Yes, In Process and No items)</strong></td>
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<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
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<tr>
<td>65</td>
<td>Has your worksite completed an employee wellness interest survey within the past year?</td>
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<tr>
<td>66</td>
<td>Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year?</td>
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<tr>
<td>67</td>
<td>Does your worksite have a formal evaluation process to evaluate its worksite wellness program? (Evaluation examples may range from participant counts for various campaigns to the return on investment of money spent on wellness vs. cost savings)</td>
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<tr>
<td>68</td>
<td>Does your worksite do an annual wellness program review and report significant results to management?</td>
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**Evaluation area totals (# of Yes, In Process and No items)**
## Worksite Assessment - Results Summary

<table>
<thead>
<tr>
<th>Worksite Scorecard (Totals for all categories)</th>
<th>Yes</th>
<th>In Process</th>
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<th>Potential Priority</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Infrastructure (6)</td>
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<tr>
<td>Program Components (7)</td>
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<tr>
<td>Health Screening and Disease Prevention (3)</td>
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<tr>
<td>Physical Activity (15)</td>
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<tr>
<td>Nutrition (20)</td>
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<tr>
<td>Mental Health (5)</td>
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<tr>
<td>Tobacco Use (5)</td>
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<tr>
<td>Emergency Medical Response Plan (3)</td>
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<tr>
<td>Assessment and Evaluation (4)</td>
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<tr>
<td>Worksite Total (68)</td>
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</tbody>
</table>
Wellness Questions

1. **Current physical activity level**
   Please read the statements below. Select the statement that best describes your current level of physical activity. When considering time spent being active, count any time you are active for at least 10 minutes at a time. In other words, if you have three 10 minute “bouts” of activity in a day, record that as 30 minutes in a day. “Vigorous” exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, singles tennis and racquetball. These types of activities make you sweat and make you feel out of breath. “Moderate” exercise includes activities such as brisk walking, gardening, slow cycling, dancing, doubles tennis or hard work around the house.

- [ ] I don’t exercise or walk regularly now, and I don’t plan to start in the near future.
- [ ] I don’t exercise or walk regularly, but I’ve been thinking about starting.
- [ ] I’m doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than five days a week.
- [ ] I’ve been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last one to six months.
- [ ] I’ve been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for seven months or longer.

2. **When do you get most of your physical activity each day?**

- [ ] Before work
- [ ] During work hours on break and lunch times
- [ ] After work
- [ ] None of the above. I am not physically active or am only active on weekends.

3. **Fruits and Vegetables**
   Please read the statements below. Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables. A serving is 1/2 cup or one medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and 1/4 cup of dried fruits or vegetables.

- [ ] I don’t eat fruits and vegetables regularly now, and I don’t plan to start in the near future.
- [ ] I don’t eat fruits and vegetables regularly, but I’ve been thinking about starting.
- [ ] I’m eating some fruits and vegetables a day (total of two servings or less)
- [ ] I’ve been eating fruits and vegetables every day (total of three or more servings), for the last one to six months.
- [ ] I’ve been eating five or more servings of fruits and vegetables every day, for more than six months.
4. **Fat in Foods**  
Please read the statements below. Select the statement that best describes your current intake of low fat foods.

- [ ] I don’t worry about the fat content of the food I eat and I don’t plan to in the near future.
- [ ] I eat high fat foods daily, but I’ve been thinking about trying to reduce my intake.
- [ ] I limit my intake of high fat foods to one-three times/week.
- [ ] I eat high fat foods less than once/week and have been for the past six months.
- [ ] I eat high fat foods less than once/week and have been for more than six months.

5. **Whole grains**  
Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (e.g. one slice of bread, one ounce of cereal, 1/2 cup of cooked rice or pasta).

- [ ] I don’t cook, eat or purchase whole-grain foods now, and I don’t plan to start in the near future.
- [ ] I don’t cook, eat or purchase whole-grain foods regularly, but I’ve been thinking about starting.
- [ ] I’m cooking, eating or purchasing whole-grain foods three-four times a week.
- [ ] I’ve been cooking, eating or purchasing whole-grain foods every day, for the past one to six months.
- [ ] I’ve been cooking, eating or purchasing at least three servings of whole-grain foods every day, for seven months or longer.

6. **Tobacco Use**  
Please read the statements below. Select the statement that best describes your current tobacco use.

- [ ] I don’t smoke.
- [ ] I’m not thinking about quitting, at least not in the next six months.
- [ ] I’m thinking about quitting someday, but not right now.
- [ ] I want to quit within the next month or two, and I want to know more about how to do it.
- [ ] I have just quit and I am going through withdrawal. (Action)
- [ ] I have quit smoking and I want to know more about how to never smoke again.
7. Anxiety

About how often during the past 30 days did you feel nervous or anxious: would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- All
- Most
- Some
- A little
- None
- Don’t know/not sure

8. Depression

About how often during the past 30 days did you feel sad, blue or depressed: would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- All
- Most
- Some
- A little
- None
- Don’t know/not sure

<table>
<thead>
<tr>
<th>PARTICIPANT INTEREST AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Please rate your interest in any of the following individual physical activity resources that might be available.</td>
</tr>
<tr>
<td>a. Attending regular presentations on physical activity topics</td>
</tr>
<tr>
<td>b. Receiving regular physical activity tips via e-mail</td>
</tr>
<tr>
<td>c. Having access to web resources on physical activity</td>
</tr>
<tr>
<td>d. Getting information on existing activities in the area</td>
</tr>
<tr>
<td>e. Point of decision prompts to help you be active (stair/elevator signs)</td>
</tr>
</tbody>
</table>
### PARTICIPANT INTEREST AREAS

**10. What physical activity topics are you interested in learning more about?**

<table>
<thead>
<tr>
<th><strong>11. Please rate your interest in any of the following group physical activity resources that might be available.</strong></th>
<th>VERY LOW</th>
<th>LOW</th>
<th>NEUTRAL</th>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Joining small groups for regular activity (walking groups, yoga class)</td>
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<tr>
<td>b. Forming clubs for particular physical activities</td>
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<tr>
<td>c. Discounted memberships at local health clubs, recreation centers, etc.</td>
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<tr>
<td>d. Participating in a division-wide fitness initiative with friendly competition between groups</td>
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</table>

**12. Please rate your interest in any of the following nutrition resources that might be available.**

| a. Attending regular presentations on nutrition topics |          |     |         |      |           |
| b. Receiving regular healthy eating tips via e-mail |          |     |         |      |           |
| c. Having access to web resources on nutrition/healthy eating |          |     |         |      |           |
| d. Getting information on existing food/diet groups in the area |          |     |         |      |           |
| e. Recipes/healthy meal ideas |          |     |         |      |           |
| f. Point of decision prompts to help you eat well (i.e. strategically placed healthy eating reminders) |          |     |         |      |           |
| g. Joining small groups for regular information on diet (e.g. Weight Watchers) |          |     |         |      |           |

**13. What nutrition topics are you interested in learning more about?**
### PARTICIPANT INTEREST AREAS

14. Please rate your support for any of the following policy or environmental worksite changes.

<table>
<thead>
<tr>
<th></th>
<th>VERY LOW</th>
<th>LOW</th>
<th>NEUTRAL</th>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Review healthy food options for the cafeteria &amp; vending machines; healthy food options labeled</td>
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<tr>
<td>b. Develop an organization recommendation on food choices for meetings and conferences</td>
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<td>c. Not schedule meetings within the organization on a specific day/time to allow for open time for wellness activities</td>
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<td>d. Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)</td>
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<td>e. Provide Health Risk Appraisals</td>
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<td>f. Provide incentives for participation</td>
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<tr>
<td>g. Develop policies to support breastfeeding women</td>
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</table>

15. Please rate your interest in any of the following mental health resources that might be available.

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<tr>
<th></th>
<th>VERY LOW</th>
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<th>NEUTRAL</th>
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</thead>
<tbody>
<tr>
<td>a. Attending regular presentations on mental health topics</td>
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<tr>
<td>b. Receiving regular mental health tips via e-mail</td>
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<tr>
<td>c. Having access to web resources on mental health</td>
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<tr>
<td>d. Getting information on existing mental health groups in the area</td>
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<tr>
<td>e. Joining small groups for regular stress reduction classes (relaxation or yoga classes)</td>
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16. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply:

- [ ] Before work
- [ ] During the workday on break and lunch times
- [ ] After work
- [ ] None of the above. I’m not interested in any physical activity or nutrition programming at work.
17. What other things could be done in the worksite to help promote wellness?  
What would you like to see?

We would like to get some demographic information as background. The following questions are optional, but will help tailor programs and identify group areas of common interest.

18. Gender
   - Male
   - Female

19. Age
   - <20
   - 20-29
   - 30-39
   - 40-49
   - 50-59
   - 60+

20. Work Unit (customize if units are defined in the organization)
   - Administration
   - Regional staff
   - 1st shift

Remove this section prior to using this survey tool.

**Note:** Questions #1 (Physical Activity), #3 (Fruit and Vegetable Consumption) and #6 (Tobacco Use) all have answers corresponding to employee “readiness” and the stages of change described in Step 4 on page 13. You may want to see how many employees are at the various levels in deciding how to address the health behavior you want to improve.

**Core Wording from questions 1, 3 and 6:**
- I don’t ....... regularly now, and I don’t plan to start in the near future.  (Precontemplation)
- I don’t ....... regularly, but I’ve been thinking about starting.  (Contemplation)
- I’m ........a day (x / week, but not daily)  (Preparation)
- I’ve been ...... every day for the last one to six months.  (Action)
- I’ve been ....... every day, for six months or longer.  (Maintenance)
Appendix B: Program Resource Requirements: Physical Activity

Physical Activity

WHAT
People who are physically active reduce their risk for heart disease, diabetes and some cancers and also reduce their stress levels. The recommended level of physical activity to produce some health benefits is 30 minutes of moderate activity at least five times per week.

WHY
People who stay fit will cost the organization less, affecting the bottom line and ultimately saving the company money through their benefits and compensation plan. Fitness can also reduce absenteeism and create a more productive workforce.

The following information, referenced on pages 8 and 9, provides an overview of the relative cost (represented by low, medium or high resources) of possible components of a worksite wellness program.

<table>
<thead>
<tr>
<th>TABLE KEY</th>
<th>I = Individual Level</th>
<th>E/O = Environmental/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
</table>

**LOW RESOURCES**

1. Create a company culture that discourages sedentary behavior, such as TV viewing on breaks and sitting for long periods of time.
2. Offer flexible work hours to allow for physical activity during the day.
3. Support physical activity breaks during the workday, such as stretching or walking.
4. Map out on-site trails or nearby walking routes.
5. Host walk-and-talk meetings.
6. Post motivational signs at elevators & escalators to encourage stair use.
7. Provide exercise/physical fitness messages and information to employees.
8. Have employees map their own biking or walking route to and from work.
9. Provide bicycle racks in safe, convenient, and accessible locations.

**MEDIUM RESOURCES**

1. Provide shower and/or changing facilities on-site.
2. Provide outdoor exercise areas such as fields and trails for employee use.
3. Provide or support recreation leagues and other physical activity events (on site or in the community).
4. Start employee activity clubs (e.g., walking, bicycling).
5. Explore discounted or subsidized memberships at local health clubs, recreation centers, or YMCAs.
6. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.

**HIGH RESOURCES**

1. Offer on-site fitness opportunities, such as group classes or personal training.
2. Provide an on-site exercise facility.
3. Provide incentives for participation in physical activity and/or weight management/maintenance activities.
4. Allow for use of facilities outside of normal work hours (before/after work).
5. Provide on-site child care facilities to facilitate physical activity.
## Additional information on Physical Activity Strategies

### LOW RESOURCES

1. Company culture that discourages sedentary behavior.
2. Offer flexible work hours to allow for physical activity during the day. **Supervisors will support this as a standard work practice.**
   http://physicalfitness.org/nehf.html
3. Support physical activity breaks during the workday. **Supervisors will support this as a standard work practice.**
   http://possibility.com/PowerPause/
4. Map out on-site trails or nearby walking routes.
   http://walkingguide.mapmyrun.com/
5. Host walk-and-talk meetings. **Employees are encouraged to participate in “walking” meetings for short check-ins with other staff and supervisors. Rather than sit in an office for a quick discussion, go for a walk in the hallway or on a short outside route to cover the same content, but in a nicer environment with the added benefit of a little physical activity. Supervisors will support this as a standard work practice.**
   www.cdc.gov (Search: Wellness Walk)
6. Post motivational signs at elevators and escalators to encourage stair usage.
   www.cdc.gov (Search: Stairwell)
7. Provide exercise/physical fitness messages and information to employees.
   www.lightenupwisconsin.com
8. Have employees map their own biking route to and from work.
   www.mapmyrun.com
9. Provide bicycle racks in safe, convenient, and accessible locations.

### MEDIUM RESOURCES

1. Provide shower and/or changing facilities on-site.
2. Provide outdoor exercise areas such as fields and trails for employee use.
3. Support recreation leagues and other physical activity events (on-site or in the community).

### HIGH RESOURCES

1. Offer on-site fitness opportunities, such as group classes or personal training.
   www.acefitness.com
2. Provide an on-site exercise facility.
   www.colorado.gov (Search Worksites of Colorado)
3. Provide incentives for participation in physical activity and/or weight management/maintenance activities.
4. Allow for use of facilities outside of normal work hours (before or after work).
5. Provide on-site child care facilities to facilitate physical activity.

**Looking for Sample Lessons and Materials?**

* See pages 46-53 in the Arkansas Worksite Wellness tool kit: www.arkansas.com www.cdph.ca.gov (Search: Worksite Wellness Tool Kit)
* See the Eat Smart, Move More...North Carolina in the Worksite site: www.eatsmartmovemorenc.com (Search: Wellness Tool Kit)
What
Both healthy eating and physical activity are associated with weight management and obesity prevention. Healthy eating includes consuming adequate amounts of appropriate foods from each of the food groups. Perhaps the most important are fruits, vegetables, low-fat dairy, and whole grain products.

Adults with increased fruit and vegetable intake can better manage their weight. These foods can range from apples and bananas to carrots and celery. Fruits and vegetables contain an abundance of vitamins and minerals important for maintaining healthy body function. Consumption of fruits and vegetables can also help to prevent chronic diseases such as cardiovascular disease and may reduce the risk for stroke. It can also help to reduce the risk for type II diabetes and cancer. Having fresh fruits and vegetables available in the workplace increases the likelihood of fruit and vegetable consumption and obtaining the correlated benefits.

Low-fat (or fat-free) dairy products are also essential for a healthy diet. Examples of these products include: low-fat/fat-free milk, cheese and yogurt. Important nutrients are found in dairy products including calcium, potassium, vitamin D and protein. These types of foods help to build and maintain bone health throughout the lifecycle, as well as aid in maintaining a healthy blood pressure. Low-fat/fat-free dairy products are also lower in saturated fats (which can raise “bad” cholesterol) than regular dairy products. Consuming these types of dairy products can help to improve cholesterol levels and reduce the risk for heart disease.

Another very important component to a healthy diet is whole grain products. Examples of these foods include products with whole-wheat flour, cracked wheat, and whole cornmeal. These products contain important nutrients such as fiber, B vitamins and iron. Consumption of whole grains helps with weight management, may reduce the risk for chronic diseases and prevent other health problems such as constipation. Nutrients in whole grain products can also help to reduce blood cholesterol levels and aid in building a healthy immune system.

Worksite cafeterias or vending machines can be stocked with healthier alternatives as mentioned above for employees. Moreover, pricing healthier foods lower than non-nutritious foods and promoting healthier choices can help employees make better decisions.

The particular foods that we choose to consume are very important; however, there are other components to a healthy diet that should not be overlooked. Eating appropriate portion sizes can also assist in weight management. Education on appropriate portion sizes can help reduce total caloric intake, thus reducing the risk of weight gain.

Understanding how to read food labels is not only a key component of portion control, but weight management in general. It is important for people to understand how much a serving is and how many servings are packaged in a particular food item. Reading food labels can help people to understand further the components of their diet and how to manage them. Limiting fats, cholesterol, and sodium promote good health, but sometimes getting enough fiber, vitamin A, vitamin C, calcium and iron can be a struggle. Reading the label and understanding how much you are consuming of these dietary components will support overall health and weight management.

Breastfeeding also promotes good health for employees. Reducing worksite barriers is essential to encourage employees to breastfeed, as breastfed infants will be at lower risk of overweight and obesity later in life.
Why
Employees are likely to eat or drink snacks and meals at work. Thus, offering appealing, low-cost, healthy food options at the worksite is one way to promote healthy eating for employees. Vending machines are a quick and convenient way for employees to purchase these types of foods.

Offering nutritious food choices at company meetings and functions will also provide employees with an increased opportunity to make healthy food choices at work and in turn promote better health.

<table>
<thead>
<tr>
<th>TABLE KEY</th>
<th>I = Individual Level</th>
<th>E/O = Environmental/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW RESOURCES</strong></td>
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</tr>
<tr>
<td>Send healthy food messages to employees via multiple means (i.e. e-mail, posters, payroll stuffers, etc.).</td>
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</tr>
<tr>
<td>Promote the consumption of fruits and vegetables in catering/cafeteria through motivational signs, posters, etc.</td>
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</tr>
<tr>
<td>Provide protected time and dedicated space away from the work area for breaks and lunch.</td>
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<tr>
<td>Offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars and break rooms.</td>
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<tr>
<td>Promote healthy choices by:</td>
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<tr>
<td>• Increasing the percentage of healthy options available</td>
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<tr>
<td>• Using competitive pricing to make healthier choices more economical</td>
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<tr>
<td>• Advertising or marking healthy options so that they stand out.</td>
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<tr>
<td>Have on-site cafeterias follow healthy cooking practices.</td>
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<tr>
<td>Have on-site cafeterias set nutritional standards that align with dietary guidelines for Americans.</td>
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<tr>
<td>Provide appropriate portion sizes and portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.</td>
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<tr>
<td>Offer healthful food alternatives at meetings, company functions and health education events.</td>
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<tr>
<td>Make water available throughout the day.</td>
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<tr>
<td><strong>MEDIUM RESOURCES</strong></td>
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<tr>
<td>Make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and preparation.</td>
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<tr>
<td>Offer local fruits and vegetables at the worksite. (i.e. farmers market)</td>
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<tr>
<td>Provide on-site gardening.</td>
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<tr>
<td>Provide interactive food opportunities such as taste testing, food preparation skills and peer-to-peer modeling.</td>
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<tr>
<td>Establish workplace policies and programs that promote and support breastfeeding.</td>
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<tr>
<td>Provide an appropriate place for breastfeeding/pumping.</td>
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<tr>
<td><strong>HIGH RESOURCES</strong></td>
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<tr>
<td>Provide incentives for participation in nutrition and/or weight management/maintenance activities (these can range from inexpensive low-resource items (water bottles) to high-resource items (health insurance rebates).</td>
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<tr>
<td>Include employees’ family members in campaign promoting fruit and vegetable consumption (worksite plus family intervention).</td>
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<tr>
<td>Provide lactation education programs.</td>
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</table>
### Additional information on Nutrition Strategies

#### Low Resources
Send healthy food messages to employees via multiple means (i.e. e-mail, posters, payroll stuffers, etc.).

*www.health.nih.gov; www.mypyramid.gov*

Promote the consumption of fruit & vegetables in catering/cafeteria through motivational signs, posters. *www.fruitsandveggiesmatter.gov*

Provide protected time and dedicated space away from the work area for breaks and lunch.

Offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars and break rooms.

Promote healthy choices by:

- Increasing the percentages of healthy options available.
- Using competitive pricing to make healthier choices more economical. Have on site cafeterias set nutritional standards that align with dietary guidelines for Americans.

Provide appropriate portion sizes and portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.

Offer healthful food alternatives at meetings, company functions, and health education events.

Make water available throughout the day.

#### Medium Resources
Make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and preparation.

Offer local fruits and vegetables at the worksite (i.e. farmers market).

Provide on-site gardening.

Provide interactive food opportunities such as taste testing, food preparation skills and peer-to-peer modeling.

Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.

#### High Resources
Provide incentives for participation in nutrition and/or weight management/maintenance activities. These can range from inexpensive low-resource items (water bottles) to high-resource items (health insurance rebate). Include the employees’ family members in campaign promoting fruit and vegetable consumption (worksite plus family intervention).
What
The negative health effects of smoking are well known. Smoking is the leading cause of preventable death in the United States and the associated diseases and health care costs are significant. Smokers tend to require more expensive medical treatment, see physicians more often and be admitted to hospitals for longer periods than nonsmokers. Approximately 8,000 Kentuckians die each year from diseases associated with tobacco usage. More Kentucky insurers and employers are realizing the value of covering smoking cessation treatments.

In addition to direct health effects to tobacco users, other employees are impacted by second-hand smoke. Therefore, tobacco cessation in your workplace will positively impact all employees.

Why
The business case for covering smoking cessation is clear. According to the Centers for Disease Control and Prevention, smoking costs the nation $167 billion a year in healthcare costs and lost worker productivity. The CDC estimates each employee that smokes costs your company $3,391 per year -- including $1,760 in lost productivity and $1,623 in excess medical expenses. Smoking cessation programs have shown some immediate return on investment and a significant return on investment in a relatively short time period (as little as two years).

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<thead>
<tr>
<th>TABLE KEY</th>
<th>I = Individual Level</th>
<th>E/O = Environmental/Organizational Level</th>
<th>P = Policy Level</th>
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<tbody>
<tr>
<td>LOW RESOURCES</td>
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<tr>
<td>Policy prohibiting tobacco use anywhere on property</td>
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<td>E/O</td>
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<tr>
<td>Provide prompts/posters to support no tobacco use policy</td>
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<tr>
<td>Promote the Kentucky Tobacco Quit Line (800-QUIT-NOW)</td>
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<tr>
<td>MEDIUM RESOURCES</td>
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<tr>
<td>Policy supporting participation in smoking cessation activities during duty time (flex-time)</td>
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<tr>
<td>HIGH RESOURCES</td>
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<tr>
<td>Provide counseling through an individual, group, or telephone counseling program on site.</td>
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<tr>
<td>Provide counseling through a health plan-sponsored individual, group, or telephone counseling program.</td>
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<tr>
<td>Provide cessation medications through health insurance</td>
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</tbody>
</table>
The quit line, 1-800-QUIT NOW, offers a one-on-one proactive counseling program for tobacco users and their friends and family who are ready to quit using tobacco products.

Kentucky Employer Tools & Resources
(502) 564-7996
www.chfs.ky.gov (Search: Tobacco Facts)

Low Resources
Policy prohibiting tobacco use anywhere on property.

Provide prompts and posters to support a no tobacco use policy.

Promote the Kentucky Tobacco Quit Line
(1-800-QUIT NOW).
www.chfs.ky.gov (Search: Tobacco Prevention)

Medium Resources
Policy that supports participation in smoking cessation activities during duty time (flex-time).

High Resources
Provide counseling through an individual, group, or telephone counseling program on site.

Provide counseling through a health plan sponsored individual, group, or telephone counseling program.

Provide cessation medications through health insurance.
WHAT:
Mental health refers to the comprehensive way people meet the demands of life. Caring for mental health, as well as physical health, is key to overall health and well being. Mental health is closely linked with physical health and is fundamental to health and human functioning. Mental health issues such as stress, anxiety and depression are common, and are routinely listed as a top concern in employee health surveys. Research has shown that stress and depression are the two costliest health risks.

WHY:
Mental health conditions are the second leading cause of absenteeism. Untreated and mistreated mental illness costs the U.S. an estimated $150 billion in lost productivity each year and U.S. businesses foot up to $44 billion of this bill. On average, businesses spend $7,500 annually per employee due to stress and stress-related conditions.

More than 90 percent of employees agree that their mental and personal problems spill over into their professional lives, and have a direct impact on their job performance. Even moderate levels of depressive or anxiety symptoms can affect work performance and productivity. It is in the employer’s best interest to address mental health as part of a worksite wellness program.

<table>
<thead>
<tr>
<th>LOW RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
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<tbody>
<tr>
<td>1. Provide mental health and mental illness materials and messages through various means - brochures, fact sheets, paycheck stuffers, Intranet, health fairs, posters, signs, etc.</td>
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<tr>
<td>2. Offer confidential screenings: depression, anxiety, post-traumatic stress disorder, substance abuse</td>
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<tr>
<td>3. Encourage the use of telephone help lines - toll free numbers</td>
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<tr>
<td>4. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, etc.</td>
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<tr>
<td>5. Provide flexible scheduling during work for training, yoga, meditation, physical activity, etc.</td>
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<tr>
<td>6. Provide a quiet room or stress reduction room at the worksite.</td>
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<table>
<thead>
<tr>
<th>MEDIUM RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>1. Create and support a mental health friendly work environment that provides family/employee friendly accommodations for medical appointments, as needed</td>
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<tr>
<td>2. Provide mental health friendly presentations and mental health trainings for supervisors, business leadership team or management</td>
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<tr>
<td>3. Create policies that provide guidance to supervisors on mental health consultation and information, and improve their skills to intervene or supervise an employee with mental health issues</td>
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<tr>
<td>4. Review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines</td>
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<table>
<thead>
<tr>
<th>HIGH RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide on-site or off-site Employee Assistance Program (EAP)</td>
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<tr>
<td>2. Provide and maintain comprehensive health insurance coverage, which includes mental health and substance abuse as part of the employee benefits package</td>
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<tr>
<td>3. Offer health insurance coverage with referral mechanisms to connect employees easily to mental health and substance abuse services</td>
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</tbody>
</table>
Additional information on Stress & Mental Health Strategies

Calculators:
The business calculator: Log on to these free calculators to find out how depression and alcoholism are affecting your organization’s bottom line:
www.depressioncalculator.org
www.depression-primarycare.org (Search: Depression Calculator)
www.alcoholcostcalculator.org
* Partnership for Workplace Mental Health. A program of the American Psychiatric Foundation that advances effective employer approaches to mental health by combining the knowledge and experience of the American Psychiatric Association and employer partners. Free tools and resources available such as the quarterly journal Mental Health Works. www.workplacementalhealth.org

Low Resources
1. Provide mental health and mental illness materials through various means - brochures, fact sheets, paycheck stuffers, Intranet, health fairs, etc.
* Mental Health America: www.nmha.org
This link will take employers directly to a comprehensive site offering fact sheets on mental illnesses and other mental health information and stress. Site offers Mental Health in the Workplace toolkit and other helpful information provided by Mental Health America to businesses/employers.

* American Psychiatric Association: www.healthyminds.org
Resources and information on mental illness/mental disorders across the life span.
* National Institute on Mental Health: www.nimh.nih.gov
* Current health information, articles, and research: www.webmd.com
2. Offer confidential screenings: depression, bipolar disorder, generalized anxiety, post-traumatic stress disorder, eating disorder, alcohol abuse (on-line / print)
* Screening for Mental Health (SMH): www.mentalhealthscreening.org/
Offers six mental health screening tools (assessment) with telephone and online interactive screening. SMH is the largest provider of evidence-based health screening tools.
3. Encourage the use of telephone help lines - toll free numbers
* National Suicide Prevention Lifeline: 1-800-273-TALK
www.suicidepreventionlifeline.org
4. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, etc.
* Mindfulness-based Stress Reduction: www.sharpbrains.com
5. Provide flexible scheduling for access to classes during work or childcare after work for yoga, meditation, physical activity, etc.
Provide a quiet room or stress reduction room at the worksite. Set aside a room in a quiet place to provide short stress breaks for employees

Medium Resources
1. Create and support a mental health friendly work environment that provides family/employee friendly accommodations for medical appointments when needed.
* Employers and educators need practical information about reasonable accommodations for people who have psychiatric disabilities. www.bu.edu (Search: Psychiatric Disabilities)
2. Provide mental health friendly presentations and mental health trainings for supervisors, business leadership team or management. Check with local health providers for speakers or trainers.
3. Create policies that provide guidance to supervisors on mental health consultation and information, and improve their skills to intervene or supervise an employee with mental health issues
Additional information on Stress & Mental Health Strategies

High Resources

1. Provide on-site or off-site Employee Assistance Program (EAP)
   Employee Assistance Professionals Association
   [www.eapassn.org](http://www.eapassn.org)

2. Provide and maintain comprehensive health insurance coverage, which includes mental health and substance abuse as part of the employee benefits package
   * Health Insurance – Provision of Mental Health and Substance Abuse Frequently asked questions:
     [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)
   * Mental Health Insurance Pays:
   * Coalition for Fairness in Mental Health and Substance Abuse Insurance: 608-251-1450

3. Offer health insurance coverage with referral mechanisms to connect employees easily to mental health and substance abuse services

Kentucky Mental Health Services
[www.mhmr.ky.gov](http://www.mhmr.ky.gov) (Search: Mental Health)

Kentucky Community Mental Health Centers
[www.mhmr.ky.gov](http://www.mhmr.ky.gov) (Search: Community Mental Health)

National Alliance on Mental Illness Kentucky
[www.nami.org](http://www.nami.org)

Mental Health of America Kentucky
[www.mhaky.org/](http://www.mhaky.org/)
**Appendix C: Recommendation Table**

**Instructions:** Rate each of the recommendations identified in the Worksite Wellness Assessment on the following aspects: importance, cost, time and commitment. Rate each on a scale of 1-5 (low-high) using the chart below. Higher scores should indicate priority items to implement.

<table>
<thead>
<tr>
<th>Importance</th>
<th>How important is the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not at all important</td>
<td>3 = Somewhat important</td>
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</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>How expensive would it be to plan and implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very expensive</td>
<td>3 = Moderately expensive</td>
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</tbody>
</table>

*NOTE: You can get an idea of relative cost by looking at the strategies in Step 4, which are arranged by low, medium and high resource needs.*

<table>
<thead>
<tr>
<th>Time</th>
<th>How much time and effort would be needed to implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Extensive time &amp; effort</td>
<td>3 = Moderate time &amp; effort</td>
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<table>
<thead>
<tr>
<th>Commitment</th>
<th>How enthusiastic would employees be about implementing the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not enthusiastic</td>
<td>3 = Moderately enthusiastic</td>
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</table>

<table>
<thead>
<tr>
<th>Reach</th>
<th>How many employees will likely be affected by this recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very few employees</td>
<td>3 = Some employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Reach</th>
<th>Points /Ranking</th>
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**Comments**

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### Appendix D: Action Plan Worksheet

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Describe the strategies selected from the Recommendation Table</th>
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</thead>
<tbody>
<tr>
<td>Activities</td>
<td>List the activities required to meet the recommendation</td>
</tr>
<tr>
<td>Materials, resources and personnel</td>
<td>List the individuals who will do the work and the resources and tools they need to get the job done.</td>
</tr>
<tr>
<td>Time frame</td>
<td>When will implementation begin? How long will it take to finish?</td>
</tr>
<tr>
<td>Evaluation</td>
<td>How will you measure your successes and/or misfortunes?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Materials, Resources &amp; Personnel</th>
<th>Time Frame</th>
<th>Evaluation Method</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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Appendix E: Disease Specific Resources

ARThRITIS

What:
Arthritis has become a challenging public health problem due to the aging of the population and the dramatic increase in the percentage of those who are overweight and/or obese. There are over 100 different conditions that are considered an arthritis diagnosis. The most common are osteoarthritis, gout, rheumatoid arthritis, and fibromyalgia. Arthritis is a leading cause of disability in Kentucky, as 28% of adults have doctor-diagnosed arthritis. This amounts to about 1.1 million persons with arthritis.

Why:
There are effective ways to prevent arthritis; to reduce the symptoms; lessen the disability; and improve the quality of life for people with arthritis. Weight control and injury prevention can lower risk. Adults with arthritis are more likely to be obese (30%) than persons without arthritis (19%). Early diagnosis and appropriate management, including self-management, such as weight management and regular physical activity, may decrease the pain and disability that accompany arthritis.

Resources
Kentucky Arthritis Program
Kentucky Department for Health and Family Services

www.chfs.ky.gov (Search: Arthritis Program)
(502) 564-7996, ext. 3795

The Kentucky Arthritis Program (KAP) is a component of a federal grant allocated by the Centers for Disease Control and Prevention (CDC) for statewide arthritis initiatives. The purpose of the KAP mirrors the CDC’s mission for arthritis as it relates to chronic disease.

National Arthritis Program
The CDC Arthritis Program works to improve the quality of life for people affected by arthritis and other rheumatic conditions by working with states and other partners to increase awareness about appropriate arthritis self management activities and expanding the reach of programs proven to improve the quality of life for people with arthritis.

Arthritis Foundation
The National Arthritis Foundation is a nonprofit health organization dedicated to helping people with arthritis, educating patients and the public about arthritis, and supporting arthritis advocacy and research. 1-800-568-4045
What:
Cancer is the second leading cause of death in Kentucky. The state is No. 1 in tobacco use. Smoking damages nearly every organ in the human body, is linked to at least 10 different cancers, and accounts for some 30% of all cancer deaths, costing billions of dollars each year. Cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism). Even though residents of Kentucky are still getting and dying from cancer, it is not the death sentence it once was. With improved prevention, detection and treatment of cancer, more than half of those who have cancer will survive and each year the number of cancer survivors grows.

Why:
About one-third of cancer deaths are preventable by healthy lifestyle behaviors such as regular exercise, weight control and limiting alcohol consumption. In Kentucky 63% of the population is either overweight or obese. Obesity increases the risk of many chronic diseases, including cancer.

Resources
Kentucky cancer program
Women’s cancer program
www.chfs.ky.gov (Search: Women’s Cancer Screening)

National Comprehensive Cancer Control Program
Centers for Disease Control and Prevention, Cancer Prevention and Control
CDC is a leader in nationwide cancer prevention and control, working with national organizations, state health agencies and other key groups to develop, implement, and promote effective cancer prevention and control practices.

National Cancer Institute
1-800-4-CANCER
The National Cancer Institute conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

American Cancer Society
1-800-ACS-2345
The American Cancer Society is at work in communities all across the country providing programs aimed at reducing the risk of cancer, detecting cancer as early as possible, ensuring proper treatment, and empowering people facing cancer to cope and maintain the highest possible quality of life.
What:
An estimated 267,000 Kentuckian adults (8.5%) have diabetes (376,000 undiagnosed). That’s one of every eight adults you meet. When a person has diabetes, his or her body cannot properly use the energy it gets from food. This is because the body either is no longer producing insulin, is not producing enough insulin, or the insulin is not working. Insulin is a natural hormone produced by the pancreas and its job is to keep blood sugar levels normal.

People control their blood sugar levels by eating healthy foods, engaging in regular physical activity, taking their medications (by mouth or injection), and monitoring their blood sugar levels. People who have diabetes, as well as people at risk for developing diabetes, need information on making lifestyle changes. The goal of diabetes management is to keep blood sugar levels as normal as possible to prevent complications. If appropriate blood sugar levels are not maintained, there is increased risk for complications such as high blood pressure, heart disease, stroke, eye disease/blindness, kidney disease, foot problems and amputations, dental disease and complications of pregnancy.

Why:
Many people are at increased risk for developing type 2 diabetes because of risk factors such as age, weight, and sedentary lifestyle. People with diabetes are 2 to 4 times more likely to develop heart disease and stroke than people without the disease.

Nationally, estimated total medical expenditures in 2002 incurred by persons with type 1 or type 2 diabetes were $13,243 per capita per year versus $2,560 for persons without diabetes (American Diabetes Association, 2003).

Resources
Diabetes at Work Program
Centers for Disease Control and Prevention, Division of Diabetes Translation
This online diabetes and health resource kit can help your company assess the impact of diabetes in the workplace and provide easy-to-use information for your wellness program. Resources contained on the DiabetesAtWork.org web site include a planning guide, assessment tools, lesson plans, fact sheets, resources, and frequently asked questions (FAQ’s).

Diabetes Toolbox
Kentucky coalition www.chfs.ky.gov
The was designed to help employers improve employee wellness and reduce the burden of diabetes. The Toolbox contains detailed information on specific workplace strategies: Diabetes Overview, Early Detection, Education, Supportive Work Environment, and Tools to Assist Individuals with Diabetes.

Diabetes Prevention and Control Program
Kentucky Cabinet for Health & Family Services 502-564-7996 www.chfs.ky.gov (Search: Diabetes Prevention)
This includes resources for health professionals, patients and family members: burden study, surveillance report, children with diabetes: a resource guide for schools, diabetes strategic plan; diabetes self-management materials

National Diabetes Education Program
Centers for Disease Control and Prevention, Division of Diabetes Translation
To order materials: 1-800-438-5383
The National Diabetes Education Program develops and implements ongoing diabetes awareness and education materials and activities for people with diabetes and those at risk for developing diabetes, including materials that address the needs of special populations.

American Diabetes Association
1-800-DIABETES (342-2383)
To fulfill its mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health professionals and the public.
HEART DISEASE AND STROKE

What:
Heart disease and stroke are the leading causes of death in Kentucky and accounted for 29.9% of total deaths in 2001. In 2002, more than 11,000 Kentucky deaths were due to heart disease, stroke, or other forms of cardiovascular disease. The total cost of cardiovascular hospitalizations in 2002 was $1.64 billion. Nationally, the 2006 estimated total medical expenditures incurred by people with heart disease was $148 billion and for stroke approximately $37 billion (Heart Disease and Stroke Statistics-2006 Update, American Heart Association, 2006).

Why:
Many of the risk factors of heart disease and stroke, such as high blood pressure, high cholesterol, excess weight or obesity, can be prevented, modified or controlled by adopting a healthy lifestyle with adequate physical activity and appropriate nutrition.

To reduce your risk factors, it is also important to know the warning signs and know how to respond quickly and properly if warning signs occur. Calling 9-1-1 is almost always the fastest way to get lifesaving treatment and prevent disability.

Heart Attack Warning Signs
* Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
* Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
* Shortness of breath may occur with or without chest discomfort.
* Other signs may include breaking out in a cold sweat, nausea or lightheadedness

Stroke Warning Signs
* Sudden numbness or weakness of the face, arm/leg, especially on one side of the body
* Sudden confusion, trouble speaking or understanding
* Sudden trouble seeing in one or both eyes
* Sudden trouble walking, dizziness, loss of balance or coordination
* Sudden, severe headache with no known cause

Resources
Heart Disease & Stroke Prevention Program
Kentucky Department for Health & Family Services
(502) 564-7996
www.chfs.ky.gov (Search: Cardiovascular)
American Heart Association/ American Stroke Association
1-800-AHA-USA-1 (242-8721)
1-800-4-STROKE (478-4653)
Resources on research, statistics, tips for healthy lifestyle and other services to people with cardiovascular disease, their families, health professionals and the public.
Appendix F: Medical Self Care

What:
Medical self care refers to the individual evaluating their symptoms of common medical conditions and then making an informed decision to use home treatment or to seek medical care from a physician. It is about determining when to seek treatment from their physician. A self-care program assists the individual by providing resources so that the best decisions can be made when dealing with many common conditions. Most programs consist of a hard-copy self-care guide, on-line resources, a nurse hotline, and an ongoing program to educate and motivate employees to treatment options.

Why:
Avoiding unnecessary physician office visits or being sure to seek treatment for conditions that require it as soon as possible are important for the health of the person and proper use of the health care system. Loss of productivity, absenteeism, and medical expenses are costly when an employee goes to the physician when a simpler home treatment would have been best. Receiving proper treatment, whether home treatment or a visit to the doctor, helps people be healthier and take more responsibility for their own health. Studies have shown a savings in medical dollars of 7% to 19% with such programs. Visits for minor conditions are reduced by 35%.

How:
Use medical self-care books and resources as the foundation for the program. There are many vendors and types of guides available. A lower-cost version is available through WELCOA. Make sure the guide you choose is appropriate for the population, particularly age. Provide a launch of the program that involves education meetings on work time to distribute the guides and to train employees on how to use them. Make sure you use incentives and offer the information during other meetings, or require attendance. Demonstrate examples that employees can relate to. It is important to incorporate the self care program into as many aspects of workplace programs as possible, such as wellness program incentives. Use a nurse hotline. Make sure both the self-care program and nurse lines are well promoted.

Wellness Council of America
www.welcoa.org/store/sidenav/medicalselfcare.html?id=pUSJmtsm
How can you get greater effects from your worksite wellness initiatives? Extend them into the home setting. There are several things that people can do individually or together as a family to improve eating habits and increase physical activity levels. Below is a short list of “what works.” Studies show that if families choose to work toward healthier lifestyles together, they will have a better chance of succeeding.

GENERAL SUGGESTIONS:

1. **Involve family members in your worksite wellness programming.** In many cases, the additional costs are minimal, but the employee participation rates are likely to increase and continue because of the social effect when family members are involved.

2. **Turn off or limit TV and “screen” time (computer, videogames, etc.)** or at least ensure minimum physical activity time is met prior to allowing large amounts of screen time. The general recommendation is to limit screen time to two hours per day. Limiting TV leads to increased physical activity, and decreased exposure to food ads for high calorie, non-nutritious foods and beverages.

3. **Eat family meals together with the TV off.**

4. **Be a good role model: eat healthy and be active.** Parents serve as role models for their children. This assists with development of healthy eating and activity behaviors. Parents can motivate their children to change and vice versa.

5. **See your medical provider regularly.** Check with your physician about healthy weight for adults and children. Medical check-ups provide an opportunity to evaluate body weight and receive counseling and treatment if necessary. Early identification of health issues increases the likelihood of maintaining a healthy weight.

PHYSICAL ACTIVITY SUGGESTIONS:

1. **Sit down as a family and identify nearby destinations that you can visit regularly to promote physical activity:** walk to the store, bike to the park. Integrate activity into your daily routine. Most people's base physical activity is walking. If there are “destinations” nearby that you visit or could visit on a regular basis, make that trip on foot, by bike, by skates or any other means that requires you to be physically active.

2. **Walk or bike to school with your children.** One way to guarantee regular activity is to walk or bike to school with your children. Currently only about 10 percent of children walk to school on a regular basis compared with 66 percent in 1970.

3. **Be active together.** Being active together appeals to people who need the extra motivation that only direct interaction can provide.

4. **Track or log your activity.** Recording and tracking activity increases the likelihood for long-term success. Make it a friendly competition between parent and child.

5. **Schedule your activity time.** Plan ahead. Make physical activity a regular part of your daily or weekly schedule and write it in on your calendar.

6. **Vary your activities.** Give yourself different opportunities to be active as a family.
7. **Make your yard or nearby park a recreation site.** Play outdoor games that require only a few participants and very little organization. Most activity is done in the immediate neighborhood. By using your yard or nearby park as a recreation site you provide regular opportunities for physical activity.

**NUTRITION SUGGESTIONS:**

1. **Choose exclusive breastfeeding as the method for feeding infants for the first six months of life.** There is a known link to decreased obesity later in life.

2. **Try to eat at least one meal together as a family per day;** make family meal times a priority. Eating meals together increases the chances that children will eat healthier and consume less calories. It also increases children’s self esteem because of interest shown by parents in discussing their day.

3. **If your family consumes whole or reduced fat (2%) milk, together make the switch to low fat (1%) or fat-free (skim) milk.** If your family collectively decides to try something new, having the support of each other will increase the likelihood that each member will stick to it.

4. **Plan family meals ahead of time.** If you spend time prior to the start of the workweek planning meals, your family will be less likely to visit a fast-food restaurant. Make a Sunday shopping list with all the ingredients you will need. Make an extra batch so your family can have leftovers another night.

5. **Parents should provide healthful food and beverages choices for children.** Providing children with limits while allowing them to choose from healthier options encourages healthy eating behaviors.

6. **Provide opportunities for children and adolescents to participate in meal preparation.** Increase the likelihood that child or teen will try new foods.

7. **Use lower fat substitutions in cooking and baking** (e.g. applesauce for oil, etc). This lowers total calories and fat intake.

**MENTAL HEALTH SUGGESTIONS:**

1. **Easy does it.** This means taking care not to overreact to challenges. It means compromising with others who may not agree with you by cooperating with them.

2. **Learn safe ways to express your feelings.** Pent-up feelings can explode in inappropriate ways. If you feel angry and tense, for example, try to figure out why and find a friend, family member, or professional counselor who will listen while you express your feelings as calmly as possible.

3. **Don’t brood.** Often, a simple change of pace is a constructive way to “get away from it all.” This means doing something positive and useful about a problem instead of dwelling on it.

4. **Take one step at a time.** Working toward a solution can relieve tension and help you avoid feeling trapped. By diverting your tensions and anger to worthwhile, tangible goals, you will see how much control you have over your life.
TOBACCO CESSATION SUGGESTIONS: (from the University of Wisconsin-Center for Tobacco Research & Intervention)

1. Make an appointment with your healthcare provider. Your doctor can recommend medications that will help you through the process of quitting.

2. Get support. Tell your friends and family that you are going to quit smoking. If they smoke, ask them not to smoke around you or to quit with you.

3. Clear the decks. Get rid of the things that remind you of smoking. Throw away all cigarettes, lighters and ashtrays.

4. Dangle the financial carrot. Give yourself a financial incentive to quit by putting the money you would have spent on tobacco products in a glass jar.

5. Make a plan and set a quit date. Give yourself some time to prepare before launching into your quit attempt. Make a list of all your reasons for quitting and put this list where you will see it often. Think about reasons you smoke or chew, including routines that trigger tobacco use, and brainstorm how to change those routines and avoid cues that prompt you to light up or dip. Mark your quit date on your calendar and get mentally prepared.

6. Keep busy on your quit day. Change your routine. Plan a full day with enjoyable activities. Avoid alcohol because it can weaken your resolve. At the end of the day, do something (other than smoking) to celebrate.

7. Replace cigarettes with alternatives like gum, cinnamon sticks, suckers, toothpicks or low-calorie snacks like carrots, celery and apples wedges.

8. Start an exercise program. Taking a walk, doing aerobics and kickboxing or playing sports can take your mind off urges and remind you that quitting helps improve your lung capacity and overall health.
Appendix H: Sample Policies

GENERAL POLICIES
California Sample Policies www.cdph.ca.gov (Search: Worksite Program)

PHYSICAL ACTIVITY POLICIES
Policy for paid time off to attend worksite-sponsored health promotion programs/classes during work hours:

Policy supporting physical activity:

NUTRITION POLICIES
California healthy meeting policies - snacks, meals and physical activity breaks:
www.cdph.ca.gov (Search: Worksite Program)

Minnesota: University of Minnesota School of Public Health: Guideline for offering healthy foods at meetings, seminars, and catered events:
www.sph.umn.edu (Search: Healthy Foods at Meetings)

Colorado: Guidelines for offering healthful food alternatives at meetings, company functions, and health education events (Page 34:
www.colorado.gov (Search Worksites of Colorado)

North Carolina: Eat Smart Move More North Carolina: Guidelines for healthy foods and beverages at meetings, gatherings, and events:
www.eatsmartmovemorenc.com (Search: Guidelines for Health Foods)

California: Vending machine food and beverage standards:
www.cdph.ca.gov (Search: Worksite Program)

Sample vending standards:
www.healthcollaborative.net/assets/pdf/vendingcriteria.pdf

California: healthy dining menu guidelines:
www.cdph.ca.gov (Search: Worksite Program)

TOBACCO POLICIES
Policy prohibiting tobacco use anywhere on property: www.cdc.gov (Search: Making Your Workplace Smoke Free)

100 percent smoke-free workplace:
www.mihealthtools.org/work/100_PERCENT_SMOKEFREE_POLICY.PDF

Smoke-free workplace with designated outside smoking areas:
www.mihealthtools.org/work/Designated_Outside_Smoking_Areas_Policy.pdf
Appendix I: Return on Investment Resources

Resources on the Cost Benefits of Health Promotion Programs

FREE ONLINE RESOURCES AND REPORTS

ASK THE EXPERT- “Can Wellness Help Solve the U.S. Health Care Crisis?”
Interview with Larry Chapman, MPH
Winter 2003-2004, published by the National Wellness Institute

“Employee Health Promotion Programs: What is the Return on Investment”
by Zank and Friedsam
Issue Brief, September 2005, Vol. 6, No. 5, Wisconsin Public Health and Health Policy Institute
Highlights the growth in worksite wellness programming and cites studies
www.pophealth.wisc.edu (Search: Employee Health Promotion Program)

“Prevention Makes Cents”
Download free: www.aspe.hhs.gov (Search: Physical Activity Fundamental to Preventing Disease)
2003 Report of the U.S. Dept. of Health and Human Services
Call to action for corporations to do more worksite health promotion. Includes case studies of
companies saving money as the result of their worksite health promotion programs.

“Meta Evaluation of Worksite Health Promotion Economic Return Studies”
by Larry Chapman, MPH “The Art of Health Promotion” section of the Jan/Feb 2003 issue of the
American Journal of Health Promotion (www.healthpromotionjournal.com).

“Physical Activity Fundamental to Preventing Disease”
Published June 2002 by the U.S. Department of Health and Human Services
Appendix J: Selecting a Vendor

1. How many worksites have done the program?
2. What type of population?
3. What were the participation levels?
4. What materials were used?
5. Will it meet our employee needs?
6. How do you market to our employees?
7. What follow-up is provided?
8. How do you make referrals?
9. How do you know the program is effective?
10. Do you measure satisfaction? How?

(Source: American Cancer Society)

Best Vendor selection resource: Wellness Council of America
www.welcoa.org (Under Free Resources) Checklist for Selecting Health Promotion Vendors
Appendix K: Coordinator’s Guide

This section is designed to help coordinators who are providing facilitation, technical assistance or leadership to a worksite that wants to develop or expand a wellness program. Coordinators might be employed directly by the worksite, providing contracted services for the worksite or assisting the worksite as part of a broader mission. Examples of coordinators from outside the worksite include health-care provider staff, insurance provider staff, local health departments or local chambers of commerce.

Coordinator Tips

Convince me that I need a wellness program.
The extent of your program will depend on resources, but you could implement some no-cost components of a wellness program tomorrow! In fact, small businesses may be at an advantage in making simple policy and environmental changes because the business owner or boss can make the decision quickly.

How do I get started?
It’s essential in starting out that management is fully supportive of developing or enhancing a worksite wellness program. If you are an outside coordinator not affiliated with the business, it may be worthwhile to list your responsibilities and the responsibilities of the business at the beginning. A sample memorandum of understanding is included at the end of this appendix. Ideally the business will approach a coordinator about helping with a wellness program. But whoever initiates the contact, senior management buy-in is essential. If that isn’t obvious from the beginning, it is best to find somewhere else to offer assistance.

If you are an outside coordinator, make sure you have solid worksite contacts. Factors to consider in evaluating your worksite contacts include the time they have available, their enthusiasm for wellness programming, and their potential for reallocating some of their time to devote to a worksite wellness program. Many workers involved in wellness programming often have other duties. It is important to differentiate between workers who want to help and workers who have enough time to really help.

Developing a solid committee is crucial. Cross-sectional representation, including people from senior management, human resources, and cafeteria management, makes it easier to implement wellness programming. It is also important to have all members of the committee actively participate. Do not try to bring everyone in at this point. A few committed members during the planning process can accomplish much more than a larger committee with some uncommitted members.

How “healthy” is my worksite? Conduct an assessment.
1. Use the assessment tool to assess your current worksite environment. This step ensures that the worksite at least understands and considers the varied aspects of a worksite wellness program and doesn’t just focus on activities.
2. Learn more from your employees: A sample survey can be found in the assessment segment.
3. Use health risk appraisals (HRA) and other data as tools providing specific information about your worksite. Establishing an effective HRA evaluation system can give you more information about your workforce and suggest specific interventions, which is extremely useful in defining target areas. HRAs can also monitor health changes over time and aid in determining the effectiveness of wellness programming. Bottom line: tailor your wellness program based on everything you know about employees at your worksite because “one size does not fit all” when it comes to worksite wellness programs.
Once you finish the assessment, be practical in choosing priorities. More is not better, if it spreads resources so thin that the program is ineffective. Look first at the assessment for wellness components that your worksite already has in place or are in process. If you have sufficient resources to complete or improve those components, then look at the list of components that your worksite does not have and prioritize them using the tools in this guide.

What activities can we do?
There are many activities that you could include in your program. A list of program components is included in this toolkit. They have been divided by resource needs to provide a quick glance at what you might be able to quickly implement and what might take more time or be too costly to include in your program.

Sharing Ideas:
Consider joining the Partnership for a Fit Kentucky Worksite Wellness coalition in your region to exchange information and ideas and to aid one another in initiating wellness programming. (Part support group, part study circle, part leadership roundtable.) Members make a commitment to share data, as well as their personal knowledge and expertise, and to develop and implement a wellness action plan for their organizations. Go to www.fitky.gov to find your local group.

Try to incorporate more long-term components in your wellness programming. Environmental and policy changes have the potential to initiate considerable change with little or no cost and no ongoing resource needs. Try to stay away from one-time events such as health fairs, which are fun but have less lasting significance. Often doing one long-term event well is better than doing several short-term events.

If you are working with several worksites, consider using the same campaign or programming at multiple sites to lower costs and increase the number of employees impacted.

How will I know if the wellness program is working?
Evaluation of your program can be very simple to very complex. You will need to evaluate the program at some point, so consider some type of evaluation from the beginning. An overview of what to evaluate and how to do it can be found in the Evaluation section along with a sample evaluation. A comprehensive Health Risk Assessment system that is already in place is very useful in the evaluation process.
SAMPLE MEMORANDUM OF UNDERSTANDING BETWEEN THE WORKSITE AND THE WELLNESS COORDINATOR

Coordinator Worksite Wellness Program Responsibilities

1. Partner with business representatives to develop a job site employee wellness program.
2. Serve as a communication link between participating businesses; promote sharing and successful program development.
3. Encourage business to partner with their respective insurance plans for available health promotion programs.
4. Serve as a link to community resources, speaker’s bureaus, grant opportunities, and opportunities through the Community Health Improvement Plan.
5. Assist business with problem solving as the worksite wellness program develops.
6. Serve as a supporting partner for grant applications.
7. Help to keep business abreast on new ideas and programs relating to worksite wellness health topics.

Business Partners Worksite Wellness Program Responsibilities

1. Develop a worksite plan or policy that encourages and supports healthy lifestyles.
2. Commitment from management in:
   * Recognizing the value of employer-based worksite wellness initiatives
   * Allocating resources to develop and sustain a worksite wellness program
   * Developing incentives to encourage participation from employees
   * Evolving the worksite to support wellness activities
   * Ongoing awareness of the evolving needs of employees
   * Supporting and developing a pattern of communication between the program leader and the individual employees
3. Commitment to participate with other local businesses to share a common goal of worksite wellness development.
4. Commitment to create a sustainable program that develops into a comprehensive promotion of healthy lifestyles in the workforce.
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Join in by visiting www.connects.anthem.com to calculate your health footprint today.

Good health is good for business. Our health plans can save you money by helping reduce the need for costly care in the first place. Integrated wellness programs actively engage your employees to help improve their health. Innovative tools can empower them to make smarter health care decisions. And our provider network can help you save money with a 96% utilization rate and one of the industry's biggest PPO discounts.*

So don’t sacrifice service to lower costs. Anthem can help deliver greater value and savings for the long term. Call now and see what we can do for you.

*Hewitt Discount Benchmarking Analysis, September 2006

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